

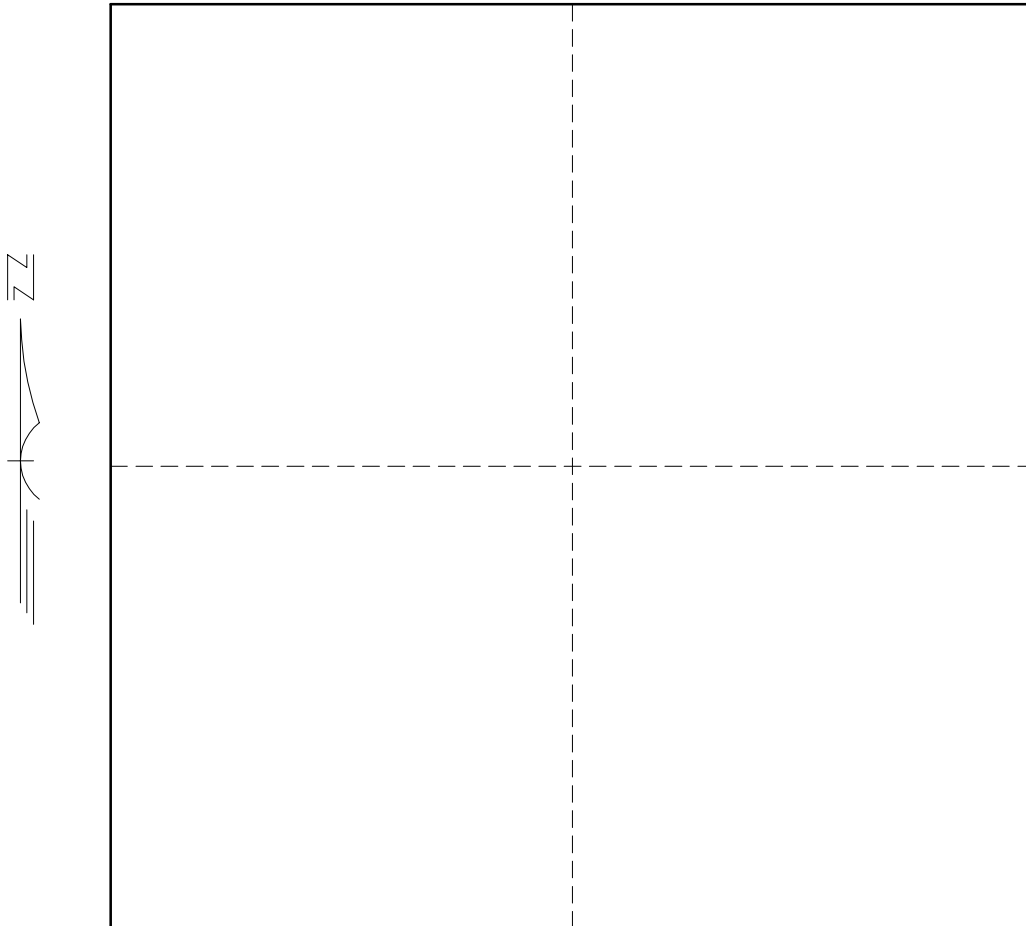
LEVEL TERRACE

Name _____ Date _____

SWCD _____

Sec. _____ T. _____ R. _____  _____

LOCATION MAP



SHOW SECTION CORNER OF CENTER

Practice meets specifications with the following exceptions:

_____ sq. ft. to be seeded

Seeding completed _____ yes _____ no

_____ lin. ft. are eligible for cost sharing

Date _____ Signature _____

TERRACE DESIGN

Terrace No.	Field Slope	Spacing Ft.	Required capacity Sq. ft.	Length Ft.

Remarks: _____

Note: A minimum of one terrace in each group shall be field checked

LEVEL TERRACE CHECK

Layout by _____ Date _____

Checked by _____ Date _____

[illegible]

TERRACE CROSS SECTION FOR CAPACITY
(Taken at average channel condition using
lowest ridge reading.)

Cross section distance	Terrace No. _____ Sta. _____		Terrace No. _____ Sta. _____		Terrace No. _____ Sta. _____		Terrace No. _____ Sta. _____	
	Rod	Diff.	Rod	Diff.	Rod	Diff.	Rod	Diff.
	Total _____	Total _____	Total _____	Total _____	Total _____	Total _____	Total _____	Total _____
	x _____	x _____	x _____	x _____	x _____	x _____	x _____	x _____
	Cap. _____	Cap. _____	Cap. _____	Cap. _____	Cap. _____	Cap. _____	Cap. _____	Cap. _____

Note: Rod readings at 2' interval recommended (4' maximum) including channel and backslope to insure compliance with required cross section.